

# **EXHIBIT A**

**EARNEST SHIELDS v. ILLINOIS DEPARTMENT OF CORRECTIONS, et al.**  
2010-cv-3746

**Medical Records**

- 1) Illinois Department of Corrections Medical Records (1-54)
- 2) Dr. David Olysav, Southern Illinois University-School of Medicine (55-64)
- 3) Dr. Benjamin A. Goldberg, University of Illinois Medical Center at Chicago (65-66)
- 4) Galesburg Orthopedic Services (67-78)
- 5) Galesburg Cottage Hospital (79-112)
- 6) Dr. Gregory A. Schierer, M.D., Galesburg Orthopedic Services (113-115)
- 7) Cottage Rehabilitation & Sports Medicine (116-133)

**Medical Bills**

- 8) University of Illinois Medical Center at Chicago (1)
- 9) Galesburg Cottage Hospital (2)
- 10) Cottage Rehabilitation & Sports Medicine (3)

**FILE COPY**

## Offender Injury Report

Offender Name: Shawna Ernest ID#: R66161Age: 34 Date of Birth: 07/19/71 Sex: m Race: BLKDate of Injury: 6/16/08 Time of Injury: 1315 ☐ am ☒ pm Location: yard

How did the injury occur?

slung RO 345105Was it witnessed by staff? ☒ No ☐ Yes (if yes, please list names)

## Location in facility:

☐ LTA (gym, basketball, football, etc.)☐ Group (therapy)☐ Housing Unit (cell, dayroom, tv room, etc.)☐ School (classroom, library)☐ Kitchen☒ Other yard

## Type of Injury:

☐ Sports☐ Assault☐ Job Related☐ Non-job Related☐ Self-inflicted☐ FightShawna Ernest  
SignatureED  
Title6/16/08  
Date

(Medical Report on Reverse Side)

Offender Name: Sheldon Evers

ID#: R66161

Date of medical examination: 6/16/08 Time: 1320 ☐ am ☒ pm Physician Contacted: ☒ Yes ☐ No

S (Subjective Findings): I'm having difficulty hearing something pop.  
No severe pain @ shoulder

O (Objective Findings):

Vitals: T 98° P 72 R 20 BP 102/78 <sup>SAD 98</sup> Tetanus not @ shoulder  
admission pain 8-10" Hoscale not @ shoulder  
not in alignment. Puffing + swelling capillary refill (3 sec)  
Unable to move @ shoulder in arm. Dr. B. see now!

A (Evaluation of Injury): R/O dislocation of

Soft tissue injury

P (Treatment and Follow-up):

- ① Donned 60 mg. I'm
- ② ① Administered 10 mg. morphine
- ③ ② Ice x 20 min
- ④ ③ R/O
- ⑤ ④ Xray @ shoulder clear

Disposition of patient

- ☐ Return to assignment ☐ Housing Unit ☐ Lay In ☐ Infirmary ☐ Segregation  
☐ Off-site referral for treatment (Destination) \_\_\_\_\_

Tina Crawford  
Print Name of Person Completing Form

Tina Crawford  
Signature

Tina  
Title

6/16/08  
Date

To Be Completed By Physician

I have reviewed this report and would like to see this offender: ☐ Immediately ☐ Next Sick Call ☐ PRN

M. E. L. P. W.  
Print Physician Name

[Signature]  
Physician's Signature

6/16/08  
Date

Side 2

FAX COMPLETED FORM TO:  
(412) 937-9151

WEXFORD HEALTH SOURCES, INC.

## EMERGENCY / HOSPITALIZATION NOTIFICATION FORM

CORRECTIONAL FACILITY:

Willco

DATE:

6/16/08

REFERENCE NUMBER:

B66161

INMATE NAME:

Shedd Ernest

SSN:

INMATE NUMBER:

B66161

DOB:

2-19-71

ADVANCE DIRECTIVES

☐ YES☒ NO

REFERRING PHYSICIAN

TYPE OF SERVICE:



ER

ADMIT THROUGH ER

ER TO OBSERVATION

☐ DIRECT ADMIT☐ HOSPITAL-TO-HOSPITAL  
TRANSFER☐ SCHEDULED ADMISSION☐ STAT LAB☐ URGENT OFFICE☐ URGENT RADIOLOGY/X-RAY☐ OTHER

FACILITY/PLACE OF SERVICE:

Cathlamet Hospital

ADDRESS:

Dalebeney 200 6401

TELEPHONE:

343-8131

TREATING PHYSICIAN:

TRANSPORTATION:



AMBULANCE



STATE VEHICLE



OTHER

## SPECIFIC REASON FOR EMERGENCY TREATMENT OR ADMISSION

## DIAGNOSIS

R/O @ Shoulder Dislocation

DATE OUT

6/16/08

TIME:

1415

RETURN DATE:

TIME:

ADMISSION DATE:

TIME:

TRANSMITTAL DATE:

TIME:

BY:

AFTER HOURS NOTIFIED

☐ YES☐ NO

**ILLINOIS**  
**MEDICAL DIRECTOR QA EMERGENCY REPORTING FORM**

FACILITY: Hill PHYSICIAN NAME: M. GLIBER  
 INMATE NAME: SHIELDS, EARNES PHYSICIAN SIGNATURE: [Signature]  
 DOC #: B66161 DOB: 2/19/41  
 DATE: 6/16/08 TIME OF EMERGENCY EVENT  
 TIME OF DAY: 1321

**PATIENT INFORMATION**

- 1) Medical History: Lifting weights, head + pelvic pop in shoulder + chest  
as w/ @ fit + able
- 2) Current Medications: None
- 3) Psych History (if applicable) ☐ Yes ☒ No:  
 a) When was the patient last seen by Mental Health?  
 b) Is the patient compliant with his/her psychotropic medications?
- 4) Emergency Medical History: None
- 5) Emergency Physical Findings (pertinent PE and Lab findings):  
T 98 P 72 BP 102/78 R 20 Physical Exam

**PROVISION OF ONSITE EMERGENCY MEDICAL CARE**

- 1) If the emergency occurred after hours, was the on-call physician notified? NO
- 2) What emergency medical care was rendered? Slings, Ice, Analgesia
- 3) Did the patient respond to emergency treatment?
- 4) Why was the patient transferred to the ER? Patient should be discharged
- 5) Is this medical condition a result of:  
☒ Sports Injury ☐ Result of an altercation

**DISPOSITION**

- 1) Name of ER physician spoken to:
- 2) Was the patient returned to the facility?
- 3) Was the patient admitted to the hospital?
- 4) What services necessitated hospital admission?
- 5) Type of Transportation ☐ Ambulance ☐ State Vehicle ☐ Air Ambulance
- 6) Other:

Appropriateness (Completed by Wexford UM Physician):

ER Referral: Yes ☐ No ☐  
 Was referral preventable? Yes ☐ No ☐

This form must be submitted to Dr. Funk  
 no later than 12 Noon EST on the next working day  
 Fax: 312-948-3622

Ms p. 5

## Hill Correctional Center

## Offender Outpatient Progress Notes

Offender Inf

SHIELDS, EARNEST B66161

Last Name First Name MI ID#

Date/Time	Subjective, Objective, Assessment	Plans
4/30/08	Note: Post discussion w/HCUA re R. DM/c so	D/C Low Gallary, May continue low back 90 days  Noted 4-30-08 J. H. H. H.
6/16/08	Pn rate	
1320	Ree @ Shoulder surgery	
10-16-08	Radiology Note	
1:55 pm	X Ray taken of @ Shoulder + PA Chest per Doc m.	Knotine still ER)
6/16/08	S/L @ Shoulder surgery with wegist hll D/K Paul P. Unable to move arm w/pain; no voluntary movement. Pain upper @ chest as well The was lifting = 3x5 lbs At Pan @ Shoulder.	P. T. Overall / 1/4 way low X Ray @ Shoulder & Chest N/A seen. to ER. B. H. H. H. Referral 6/16/08 J. H. H. H.



## ILLINOIS DEPARTMENT OF CORRECTIONS

Hill Correctional Center

Offender: SHIELDS, EARNEST

Offender Inf

B66161

Last Name

First Name

MI

ID#

Date/Time	Subjective, Objective, Assessment	Plans
6/16/08	Rm note	P. Transport 3pm cottage
2:15pm	Health Status	for ER & E/H
	Completed for transport	@ medical records notified
	to Cottage ER @ Standby	@ call medical unit for
	Emergency Security notified to Liverpool	
	Medical records notified	@ Consent signed
		Scanned
6/17/08	① Discharge P Cell Report ORTAD R/U	
10:15	MRIs moderate discussed w/ Dr. Fink	
	Yehsian or patient's father approved; w/ of as w/	
	Teas of S.C. Yehsian	with signing appt for today / tomorrow
	Request Ortho F/H	
	JMF-11	JMF-11
		6/17/08
6/18/08	Med. Record Note	
2:15pm	Sched. Ortho Eval w/ Dr. Schier for ②	
	shoulder injury for Monday June 23 2008 at 7:50am	
	LT- 7:15am. Bring x-ray film to appt and	
	fax x-ray report. R.O. & S.C. notified. N.M.L.	

ILLINOIS DEPARTMENT OF CORRECTIONS

Hill Correctional Center

Offender

pfes

SHIELDS, EARNEST B66161

Offender In

Last Name

First Name

MI

ID#

Date/Time

Subjective, Objective, Assessment

Plans

6/19/08

PR note

P: CPM

330A

S/D Varies photo (D) upper inner aspect of arm. Large deep reddish purple excoriation. Spinous noted. ASD 03. Skin also color w/nc.

Airway visit

S. Tactanin

7/19/08

PR Note

P-C Tm rods

8A

S: I have a lot of redness in my arm they say it was bleeding under the skin.

See order

D... (D) upper reddish purple good cms to (D) arm. Lungs clear. Skin w/D.

Airway Visit

Graham W

ILLINOIS DEPARTMENT OF CORRECTIONS

Hill Correctional Center

Offender Outpatient Progress Notes

Offender Information:

Shields  
Last Name

Ernest  
First Name

ID#: B16661

Date/Time	Subjective, Objective, Assessment	Plans
6/17/08	SE: Awaiting Discharge 1/2 way out	P: No sports/leave
11:25	DE: 1/2 way out waiting for Huntman minor aspect	Discharge to unit Motor 8:00 - T.D. & RU
	Plan	& 30 days
	As Tending a bad tear	
		NOTED 6/19/08 B. J. [Signature]
6/19/08	RJ Note	
12:10 p	Discharge to House's Unit	[Signature]
6/16/08	RA note	
8 PM	Sent back to OK p. having	
LATE	not back per RA Highman	
Entry	Improper loading 2:15 and	
	Unit from being 2:15 x 20.	ant

ILLINOIS DEPARTMENT OF CORRECTIONS

Hill Correctional Center

Offender Outpatient Progress Notes

Offender Information:

Shields  
Last Name

Earnest  
First Name

MI

ID#

B6666

Date/Time	Subjective, Objective, Assessment	Plans
6/20/08 12:00	(Spoke with byline on 6/20/08) Responded to mother's question about how soon on pain. It has responded apt. He had an emergency room & MD. - Dr. Schumacher visit and was diagnosed with rotation cuff injury to (L) arm on Motrin & Ultram - Rest & weight aware of above J. S. Haneck	
4:55	Health status completed medication 6/23/08 & Dr. Schumacher for (R) shoulder xray - <u>AW</u>	
23/08 4:00	RV note Inmate left for med facility consent signed - J. T. Tammunian	
3/08 3:00 AM	RV Note I/M returned from other, referred to shoulder specialist - will place on Collegial Review - R. Brown Wink	

ILLINOIS DEPARTMENT OF CORRECTIONS  
Medical Special Services Referral and Report

Offender's Name:

Shields, Ernest

ID#

B66/61

Reason for Referral:

☐

Consult

☐

Non-Formulary Medications

☐

Medical Equipment

☒

Evaluation

☐

Management

☐

Procedure/service (specify) \_\_\_\_\_

☐

Other (specify) \_\_\_\_\_

Urgent: ☐ Yes ☐ No

Referred to:

Dr. Schier

Rationale for Referral:

Left Shoulder Injury Eval.

Print Referring Practitioner's Name

Referring Practitioner's Signature

Date

Findings:

Ruptured

Report of Referral (Use Reverse Side, if necessary)

(L)

pectoralis

tendon

Assessment:

Ruptured

(L)

pectoralis

tendon

Recommendations/Plans:

Needs to see shoulder  
specialist. Report to follow

Print Practitioner's Name

Practitioner's Signature

Date

Facility Medical Director Use Only

I have reviewed the recommendations and:

☒

Approve.

☐Deny or revise as indicated on the Notification of Medical Service Referral Denial or Revision,  
DOC 0255.

Print Facility Medical Director's Name

Facility Medical Director's Signature

Date

OneRadiology

Normal, Illinois 61761

June 24, 2008

Patient Name: Shields, Ernest

Patient No# B66161

DOB: 2/19/71

Dr. Migliorino

Hill Correctional Center

LEFT SHOULDER TWO VIEWS 6/16/08

INDICATION: Pain.

FINDINGS: The views of left shoulder show no bony or soft tissue abnormality.

IMPRESSION: Normal left shoulder.

CHEST ONE VIEW 6/16/08

INDICATION: Pain.

FINDINGS: Lungs are clear. Heart is normal. Bony thorax is unremarkable.

IMPRESSION: Normal chest.

Signed \_\_\_\_\_

C. Lee, M.D.

DATE: 6/25/08

TIME REC: 1:00 PM

INITIAL DATE: JRL

CLieg

DIC: 6/24/08 Films from Hill Correctional Center

DATE: 6/25/08

CH: T

M.D. M

## ILLINOIS DEPARTMENT OF CORRECTIONS

Hill Correctional Center

## Offender Outpatient Progress Notes

## Offender Information:

Shields

Last Name

Earnest

First Name

MI

ID#

B6666

Date/Time	Subjective, Objective, Assessment	Plans
6/25/08	clp note	P/Reassurance
10:00A	1/m 90 chest	et education
	pain Code 3 was	
	called.	
	S: my chest hurts	
	the (L) side where	
	it's torn sharp	
	pain like someone	
	standing on or	
	poking me c.	
	something sharp	
	the motion	
	isn't working	
	O: 98 <sup>2</sup> - 76 - 18 - 104/10	
	Area of 90 (L)	
	pec area	
	chart rev. shows	
	inj. to (L) shoulder	
	causing pain -	
	saw outside MD	
	C FU appts	cont bandage

## ILLINOIS DEPARTMENT OF CORRECTIONS

Hill Correctional Center

## Offender Outpatient Progress Notes

Offender Information:

Last Name

First Name

MI

ID#

Date/Time	Subjective, Objective, Assessment	Plans
9/25/08	cont. opn note Explained to M that he will have pain, to take his meds as ordered. Attempt made to explain to M that he needed to tell the C.O. that he had pain in the chest muscle from his shoulder, so he could come to HCU. A code 3 being called. M did not show understanding	



ILLINOIS DEPARTMENT OF CORRECTIONS

Hill Correctional Center

Offender Outpatient Progress Notes

Offender Information:

Shelch  
Last Name

Earnest  
First Name

MI BC664  
ID#

Date/Time	Subjective, Objective, Assessment	Plans
6/25/08	1 pm note cont et was <del>overheard</del> released to HCU	Bairdridge
6/27/08 10:45	MD. Visit Collapsed Room not held due to lack of participation 12M/100	
6/27/08 1:30pm	<del>PTA</del> M.D. VISIT WT 195 B/P 130/80 T 98.6 P 84 R 19 97%	
6/27/08 1340	Ruptured @ pectoralis Flu med furlough Se Ruptured @ pectoralis P: No activity or activity O: Cart monitoring involving @ arm & shoulder Pain w/ elevation. Gripping chest should be avoided ROM V. Pass @ pectoral Bottom bulk x 30 days area. No N/C complaint At Ruptured @ pectoralis	6-27-08 Notes Haworth

## ILLINOIS DEPARTMENT OF CORRECTIONS

Hill Correctional Center

## Offender Outpatient Progress Notes

## Offender Information:

Shields

Last Name

Ernest

First Name

MI

ID#

B6616

Date/Time	Subjective, Objective, Assessment	Plans
7/3/08 11:15	MD Note: Coll. brw. Dr. Frank Attempt to obtain shoulder specialist for repair. <i>[Signature]</i>	met w/ doc. <i>[Signature]</i>
7/4/08 9:00a	LPN Note: Reptured P) Have. Refuse Left Pectoralis - Pain Scale #10 Awaiting to obtain Shoulder Specialist for repair.	on. Written order Vaccost good until 7-19-08 ② WMP daily x 2 wks. A. Sammons
	+98° P82 R20 BP 130/84 L arm is in sling Reminded inmate no sport or activity risking the L arm. Inmate is on low bunk.	
	A) L Pectoralis Ruptured	

## ILLINOIS DEPARTMENT OF CORRECTIONS

Hill Correctional Center

## Offender Outpatient Progress Notes

## Offender Information:

Shelby

Last Name

Earnest

First Name

MI

ID#

B66K1

Date/Time	Subjective, Objective, Assessment	Plans
7-10-08 3pm	Medical Records Note Sched. Ortho. Eval w/ specialist for Thursday, Aug. 7th, 2008 at 9:30 am w/ Dr. Clark at Pepper Orthopedic Center & T+ Sam Bing x-ray films to appt. and x-ray reports. failed to dish at (309) 353-4531. R.O. & SC notified.	P. Will SA P. R.T.C. L. A. W. A. L. Request
7-18-08 8:00A	DENTAL NOTE S. E. Limer appt. O. Sometimes this bracket <sup>up</sup> upper here pointing to R+ #1 discomfort A. Supra adapted	G. Rose
7-1-08 5:00p	RN NOTE Health Status Complete for medical rough	Subman

ILLINOIS DEPARTMENT OF CORRECTIONS

Hill Correctional Center

Offender Outpatient Progress Notes

Offender Information:

Shields  
Last Name

Ernest  
First Name

ID#

P46/61

Date/Time	Subjective, Objective, Assessment	Plans
8-05-08 10:30 AM	Dr. Clark's office called from Pekin Ortho and Dr. Clark needed to reschedule this appt - Scheduled for Friday 8-08-08 @ 9:30 AM Leave time 8:15 AM Notified Records Office - Angie and Shift Commander's Office - H. Shaw	K. Heavry Hdr med Rec Staff K. Shaw
8/8/08	KN Note	
8:30 AM	DM left on med furlough	R Brown
2:00 PM	DM returned from med furlough	R Brown
11-08	11:30 AM Note: DM called from mother relates that Kevin is in a wheelchair, what is the address of Kevin's home? DM advised that Kevin's home is in Pekin, IL. DM advised that Kevin's home is in Pekin, IL. DM advised that Kevin's home is in Pekin, IL.	
11/12	MD Note: Consent report	P. E. Paper for Gilthorn
11/30	DM Note: DM advised that Kevin's home is in Pekin, IL. DM advised that Kevin's home is in Pekin, IL. DM advised that Kevin's home is in Pekin, IL.	per Pekin Ortho. Call Pekin
11-08	Medical Records Note	
1 PM	Called Pekin Orthopedic Center, Lisa gave me Dr.	

ILLINOIS DEPARTMENT OF CORRECTIONS

Consent for Medical Treatment

Hill Center

Date: 8.8.08  
Time: 8:30 ☒ a.m. ☐ p.m.

Patient Information:

Shields Ernest ID#: B166161  
Last Name First Name MI

☒ I authorize the performance upon Myself or Name of Patient of the following treatment:

Ortho. evaluation for D pectoris rupture.  
state the nature and extent of treatment

to be performed by Dr. Migliorino or whomever he or she may designate  
as his or her assistants.  
Name of Physician

☒ The nature and extent of the intended treatment has been explained to me in detail, including its risk, possible complications, and probable consequences by Dr. Migliorino  
Name of Physician

I acknowledge that no guarantee or assurance has been made as to the results that may be obtained.

☒ I certify that I have read and fully understand the above Consent to Treatment, that the EXPLANATIONS therein referred to were made, and that all blanks or statements requiring insertion or completion were filled in.

Ernest Shields  
Print Name of Patient

Ernest Shields  
Signature of Patient

8/8/08  
Date

When patient is a Minor or Incompetent to give consent:

Print Name of Person Authorized to Consent

Signature of Person Authorized to Consent

Date

RUTH A. BROWN PW  
Print Name of Witness

Ruth Ann Brown PW  
Signature of Witness

8.8.08  
Date

Referring Practitioner's Name: Shelby, Ernest BCW/G

Reason for Referral: ☐ Consult ☐ Non-Formulary Medication ☐ Medical Equipment  
☒ Evaluation ☐ Management  
☐ Procedure/service (specify) \_\_\_\_\_  
☐ Other (specify) \_\_\_\_\_

Urgent: ☐ Yes ☒ No

Referred to: Dr. Clark / Pector Orthopedic Center

Rationale for Referral: Ortho Eval (Pectoral Pain)

Referring Practitioner's Name: \_\_\_\_\_ Referring Practitioner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Findings: \_\_\_\_\_ Report of Referral (Use Reverse Side, if necessary)

Critically has ruptured pectoral  
muscle.

Assessment: As above

Recommendations/Plans: Referred to Dr. Coughlin  
Pectoral - shoulder specialist

Practitioner's Name: Steven Clark Practitioner's Signature: \_\_\_\_\_ Date: 8-8-08

Facility Medical Director Use Only

I have reviewed the recommendations and:

☒ Approve.

☐ Deny or revise as indicated on the Notification of Medical Service Referral Denial or Revision,  
DOC 0255.

Facility Medical Director's Name: M. E. L. J. J.

Facility Medical Director's Signature: \_\_\_\_\_

Date: 8/11/08

Clarke  
Sec 18

ILLINOIS DEPARTMENT OF CORRECTIONS

Hill Correctional Center

Offender Outpatient Progress Notes

Offender Information:		
<u>Shields</u>	<u>Ernest</u>	ID#: <u>B66161</u>
Last Name	First Name	MI

Date/Time	Subjective, Objective, Assessment	Plans
8-11-08 1pm	Dr. Bloss telephone number as referred by Dr. Clark. Telephone # is (309) 691-1400 N. Hill St.	
8-11-08 2:15pm	Medical Records Note. Faxed all paperwork to U.A. (Robert) re: referral to Dr. C. Bloss who is a shoulder specialist.	N. Hill St.
8-14-08 11:07am	Medical Records Note. Left message for Pam at Dr. Gibson's office for a return call my back.	N. Hill St.
8-14-08 11:21am	Medical Records Note. Received call from Pam at Dr. Gibson's office (his nurse) who requested that I fax all information pertaining to problem and she will call me back with response whether Dr. Gibson will evaluate patient. Fax # (309) 689-7082.	N. Hill St.

## ILLINOIS DEPARTMENT OF CORRECTIONS

Hill Correctional Center

## Offender Outpatient Progress Notes

Offender Information:

Last Name

Shields

First Name

Ernest

MI

ID#

B66161

Date/Time	Subjective, Objective, Assessment	Plans
8-14-08	Medical Records Note 12:30pm. Faxed all information to Dr. Gibson's office re inmate's medical issues requested by Cindy, Dr. Gibson's nurse.	D. Williams St
8-14-08	Medical Records Note 2:45p. Received call from Cindy (Dr. Gibson's nurse) who informed me that Dr. Gibson doesn't feel comfortable doing his surgery.	D. Williams St
8-15-08	Medical Records Note 10:15am Spoke to Jan at Weyford in Contracting who will do a case specific plan at SIU re inmate.	D. Williams St
8-19-08	Medical Records Note 7:50am. Sched. Ortho Eval. at SIU in Springfield w/ Dr. Olyars for Tuesday, August 26, 2008 at 2pm.	



ILLINOIS DEPARTMENT OF CORRECTIONS

Hill Correctional Center

Offender Outpatient Progress Notes

Offender Information:

Shields  
Last Name

Ernest  
First Name

ID#

B666

Date/Time	Subjective, Objective, Assessment	Plans
8-19-08	LT-11am. R.O & S.C.	
8:50am	notified. Bring all reports and X-ray film to appt.	N. Wilbur ST
8-19-08	Medical Records Note	
2:40p	Received call from ST. Wilbur appt. time to 9:30am. 1-19-08	
	6:15am. R.O & S.C. notified.	N. Wilbur ST
8-21-08	RN Note	
9A	H.S. completed appt. with Dr. DeBart. 8-26-08.	B. Miller RA
8-22-08	RN note	
8:30A	Left on med. lunch. Consent read and signed for X.R.	
9/08	RN Note	
10pm	PM returned from med. furlough - Dr. recommends P.T. for ROM - strengthening	R. Brown
10/08	MD Note: Angiogram scheduled	PS, Obtain instructions
10	What recommended, call Brown w/ information from Dr. DeBart or other sources	

UNIVERSITY OF CALIFORNIA  
Medical Services Referral Report

BLCC  
(Facility)

Offender's Name: Shields, Ernest

ID# B66161

Reason for Referral: ☒ Consult ☐ Non-Formulary Medications ☐ Medical Equipment  
☐ Evaluation ☐ Management  
☐ Procedure/service (specify) \_\_\_\_\_  
☐ Other (specify) \_\_\_\_\_

Urgent: ☐ Yes ☐ No

Referred to: Dr. Olysan ISU

Left Shoulder

Rationale for Referral: Schds. Eval. (Pectoralis Tendon Rupture)

MIGLIORINO  
Print Referring Practitioner's Name

[Signature]  
Referring Practitioner's Signature

8/24/05  
Date

Report of Referral (Use Reverse Side, if necessary)

Findings:

Rotates by Hand (E)

Assessment:

Right 7 WYCS

Needs P.T. for ROM & Strengthening

Recommendations/Plans:

P.T. @ Shoulder  
ROM & Strengthening

D. Olysan  
Print Practitioner's Name

[Signature]  
Practitioner's Signature

26 Dec 05  
Date

Facility Medical Director Use Only

I have reviewed the recommendations and:

☒ Approve.

☐ Deny or revise as indicated on the Notification of Medical Service Referral Denial or Revision, DOC 0255.

R. Migliorino  
Print Facility Medical Director's Name

R. MIGLIORINO  
Facility Medical Director's Signature

8/24/05  
Date

[Signature]  
[Signature]

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE

508

1033

Date: 8-27-08 Offender: ERNEST SHIELDS ID#: 09-0641 2 866161

Present Facility: HILL C.C. Facility where grievance issue occur: HILL C.C.

NATURE OF GRIEVANCE:

☐ Personal Property ☐ Mail Handling ☐ Restoration Good Time ☒ Disability

☐ Staff Conduct ☐ Dietary ☐ Medical Treatment ☐ HIPAA

☐ Transfer Denial by Facility ☐ Transfer Denial by Transfer Coordinator ☐ Other

☐ Disciplinary Report

Date of Report: 10/20/08 Facility where issued: 919

Notes: Protective Custody Denials may be grieved immediately via the local administration on the protective custody denial notice.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.

Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.

Chief Administrative Officer, only if EMERGENCY grievance.

Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Brief Summary of Grievance: On June 16, 2008 I severely injured my left shoulder and chest while participating in recreational activities. Since then I have seen several medical personnel outside of Hill C.C. on two different occasions and was told that it would take reconstructive surgery to repair the damage muscles and tissues. I have been close to the point where I am experiencing numbness and needle-like pain on my shoulder, arm and tissues.

Relief Requested: As a history of the doctor I have seen since the injury, I am requesting surgery to repair injury to my shoulder and chest.

☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Ernest Shields 866161 8-27-08

Offender's Signature ID# Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable)

Date Received: 9-2-08 ☒ Send directly to Grievance Officer ☐ Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62784-9277

Response: The HILL responds that it was seen by 3 different specialists. Because the first two were unable to possibly do the procedure the third specialist was a shoulder specialist who determined that surgery was not recommended. He stated that I.H. needs to do rehab for range of motion and strengthening. Unable to resolve at this time.

Johnston Johnston 9-11-08

Print Counselor's Name Counselor's Signature Date of Response

EMERGENCY REVIEW

Date Received: 1/1 Is this determined to be of an emergency nature? ☐ Yes; expedite emergency grievance ☐ No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.

## ILLINOIS DEPARTMENT OF CORRECTIONS

Hill Correctional Center

## Offender Outpatient Progress Notes

## Offender Information:

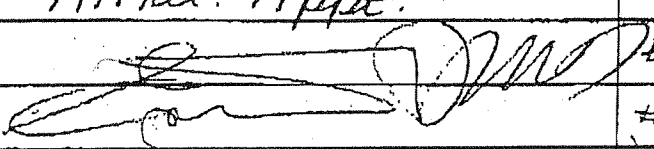
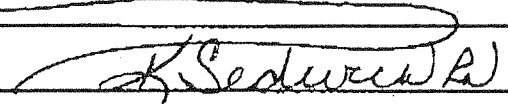
Last Name

First Name

MI

ID#:

B66/61

Date/Time	Subjective, Objective, Assessment	Plans
9/4/08 (530)	MD Note: Grievance Response done IMF - 90	
9-4-08	Medical Records Note	
3:40pm	Spoke w/ Debbie at Dr. Olysan's office who will call me and fax Dr. Olysan's notes regarding P.T.	P. Willis
9-5-08 1020A	DENTAL NOTE	P Lido 1:100 x 2
50A	Amal. Appt.	#18 B Amal
		#19 DB
		#20 O
		↓ Bouligny
9/5/08	RJ note:	P. Selsun when E.
1110	S/O: I/m presented to HCU c dry/itchy scalp; visible flakes noted. A: Alteration in skin integrity	Instructions on use provided per protocol 

## ILLINOIS DEPARTMENT OF CORRECTIONS

Hill Correctional Center

## Offender Outpatient Progress Notes

## Offender Information:

Shields

Last Name

Earnest

First Name

ID#: B66161

MI

Date/Time	Subjective, Objective, Assessment	Plans
9/19/08 1105	MDA Hill Rec w/ Dr. Fink 1/10 approved for PT EMJ	schedule PT 10/1/08
9/10-20 1345		cont problems perforator
	9/16 M.D. VISIT 132/04 9/22 P 72 R 16	
10/1/08 1405	SS 9/16 shoulder pain inches & hypoxia 1/2 or 1/3 of DR O/S & V	PT ✓ or P.T. scheduled EMJ
	At Pectoral Muscle Tendon Rupture	Noted 10/1/08 S. Rangel
1/2/08 855	CPH Note S/R declared hunger strike @ 4:45 PM on 10-2-08 Ref. v/s acting very rude & disrespectful.	S. Rangel

ution: Offender's Medical Record

# STATE OF ILLINOIS - DEPARTMENT OF CORRECTIONS

## MEDICAL PROGRESS NOTES

Facility

Hell

Inmate's Name Shields

Inmate's Number B6661

### Treatment Protocol - Fractures, Dislocations, and Sprains

Date/Time	SOA	PLANS
9/30/84	S. When did injury occur? <u>July</u>	P. M.D. referral:
1230	How did it happen? <u>wt</u>	(any deformity, severe pain or swelling, discoloration, limited motion, cool to touch, pulses diminished or absent)
	<u>arm</u> <u>(L)</u> <u>when to hospital</u>	<u>alter</u>
	Did it swell immediately? <u>(Y)</u> N	1. \$2 copay implemented due to inmate's request for non-emergency medical services.
	Pain? <u>(Y)</u> N	No. M.D. referral (check as applicable):
	If yes, describe (1-10 most severe): <u>11/7</u>	1. Cold applications 15-20 min. Q 2 hrs x 48 hrs then heat x 72 hrs.
	Any previous injury to same site? Y <u>(N)</u>	2. Tylenol 325 mg 2-3 tabs OR Ibuprofen 200 mg Q 4 hrs PRN x 3 days for pain and swelling.
	If yes, when:	3. Splint and elevate extremity.
	Did patient walk to unit? <u>(Y)</u> N	4. If not necessary to retain in infirmary, have patient return to nurse screening in 48 hrs.
	O. T99 <sup>+</sup> P20 R 16 BP 140/80	for re-evaluation.
	Deformity: Y <u>(N)</u>	Patient teaching (check as applicable)
	Alteration in ROM? <u>cupped</u> Y N	1. Medications usage.
	Swelling: Y <u>(N)</u>	2. Cold and hot application. <u>used</u>
	Discoloration: Y <u>(N)</u>	3. No weight bearing and keep area immobilized and elevated.
	Numbness: <u>(Y)</u> N	4. Crutch or cane walking.
	Temperature: <u>Warm, dry, intact</u>	5. If injury preventable, safety measures to prevent recurrence.
	Check for loss of function: <u>cupped</u>	6. Return PRN if pain not relieved by analgesic, swelling increases, and/or numbness develops.
	Check pertinent pulses: <u>present</u>	7. Complete Resident Injury Report Form.
	ANKLE: OTTAWA =	<u>Mark TPR</u>
	<u>(L) arm - muscle tight</u>	
	Knee: OTTAWA =	
	<u>↑ pain to (L) chest when rolling shoulder</u>	
	<u>called for comfort R/T</u>	

## ILLINOIS DEPARTMENT OF CORRECTIONS

Hill Correctional Center

## Offender Outpatient Progress Notes

## Offender Information:

Shields  
Last NameEarnest  
First Name

MI ID# B66161

Date/Time	Subjective, Objective, Assessment	Plans
10608	Medical Records Note	
9:50am	Scheduled P.T. at Cottage	
	Delat & P.T. services for Thursday	
	October 9, 2008 at 8:30am	
	LT - 8:30am Must be at	
	hospital by 9am. R.O. & S.C.	
	notified. LT - 8:30am	Dr. Will. St
2-708	RM Note	
8P	IDS completed for Med	
	furlough on 10-9-08	
	PT - Cottage, in hall D.C. Cl	
9-08	RN Note	
1:00am	I/M left on med furlough - P.T. eval R Brown	
2:00am	Returned from med furlough - P.T. exercises	
	given to I/M	R Brown

CLINICAL SPECIAL SERVICES REFERRAL AND REPORT

Offender's Name: Shields, Ernest

ID# B64161

Reason for Referral: ☐ Consult ☐ Non-Formulary Medications ☐ Medical Equipment  
☐ Evaluation ☐ Management  
☒ Procedure/service (specify) \_\_\_\_\_  
☒ Other (specify) \_\_\_\_\_

Urgent: ☐ Yes ☐ No

Referred to: Cottage Rehab & PT

Rationale for Referral: 1st visit for PT for left Pectoralis Tear

Print Referring Practitioner's Name

Referring Practitioner's Signature

Date

Report of Referral (Use Reverse Side, if necessary)

Findings:

Asymmetry and deformity of pec muscle @ weakness @  
pain, limited ROM @ shoulder @ guarding noted, obvious  
visible pec deformity

Assessment:

As above pain, weakness, limited ROM, limited  
strength

Recommendations/Plans:

Cont PT per the MD orders & more visits  
to address pain relief and ROM @ the pt voices concern  
re: need for surgical intervention and re: the overall length  
of PT.

Print Practitioner's Name

Practitioner's Signature

Date

Facility Medical Director Use Only

I have reviewed the recommendations and:

☒ Approve.

☐ Deny or revise as indicated on the Notification of Medical Service Referral Denial or Revision,  
DOC 0255.

Print Facility Medical Director's Name

Facility Medical Director's Signature

Date

10-11-08  
Noted  
(Barnes)



ILLINOIS DEPARTMENT OF CORRECTIONS

Hill Correctional Center

Offender Outpatient Progress Notes

Offender Information:

Shells  
Last Name

Earnest  
First Name

ID#: B66/661

MI

Date/Time	Subjective, Objective, Assessment	Plans
10/11/08 1200	<p>IN A VOIT</p> <p>WT 194.8 B/P 130/88</p> <p>T 98.0 P 100 R 16</p> <p>① chest wall pain</p> <p>S. Tried to bench</p> <p>305 lbs on 7/16/08</p> <p>and felt a</p> <p>pop. Since that</p> <p>he has had pain</p> <p>since that</p> <p>time. much pain</p> <p>② Shoulder and</p> <p>can't lift</p> <p>arm above</p> <p>head.</p> <p>③ Shoulder</p> <p>tender anteriorly</p> <p>④ chest cough</p> <p>red pectoral do</p> <p>formity</p>	<p>Mild exercise</p>

ILLINOIS DEPARTMENT OF CORRECTIONS

Hill Correctional Center

Offender Outpatient Progress Notes

Offender Information:

Last Name: Shields First Name: Ernest MI: BCC

Date/Time	Subjective; Objective, Assessment	Plans
6/16/08	<p>no more cut</p> <p>on 6/23/08: pectoralis tender</p> <p>supraclavicular</p> <p>shoulder</p> <p>pectoralis in</p> <p>sever tenderness</p> <p>abductor</p> <p>elbow weakness</p> <p>pain</p> <p>He saw Dr. O'Leary</p> <p>shoulder</p> <p>specialist</p> <p>and recommended</p> <p>physical therapy</p> <p>MPT</p> <p>on 6-16-08</p> <p>tenderness N</p> <p>partial</p> <p>supraclavicular</p>	

ILLINOIS DEPARTMENT OF CORRECTIONS

Hill Correctional Center

Offender Outpatient Progress Notes

Offender Information:			
<u>Shields</u>	<u>Ernst</u>	<u>B0616</u>	
Last Name	First Name	MI	ID#

Date/Time	Subjective, Objective, Assessment	Plans
10/1/08	inpatient	(1P) will
10/1/08	AO Pectoralis Tendon rupture time	investigate further orthoedic options
10-1-08		H. SCHAFER M.D.
10-5-08	Medical Records Note:	
10/1/08	Sched Physical Therapy for Tuesday, October 21, 2008 at 8:40am. LT-8:10am and 3rd visit for Physical Therapy is scheduled for Tuesday, October 28, 2008 at 8:40am. LT-8:10am at Cottage Rehab & P.T. CO. & S.C. notified of appt.	D. V. L. Jr.
10-1-08	Medical Records Note:	
1-1-08	Appt. for P.T. is scheduled until Wednesday, October 2, 2008 at 8:20.	

ILLINOIS DEPARTMENT OF CORRECTIONS  
RESPONSE TO OFFENDER'S GRIEVANCE

Seq 31

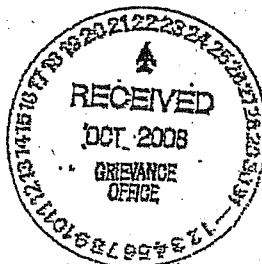
Grievance Officer's Report

Date Received: October 20, 2008 Date of Review: October 21, 2008 Grievance # (optional): 020641

Offender: Shields ID#: B66161

Nature of Grievance: Medical Treatment

**Facts Reviewed:** Offender Shields claims he hurt his left shoulder and chest participating in recreational activities. He reports he was told by outside medical authorities he would need medical reconstruction. He states he is having numbness and pain. No relief is listed but appears the inmate wants the surgery. Inmate's counselor states that per the HCUA the offender was seen by 3 different specialists because the first two were unable to possibly do the procedure. The third specialist was a shoulder specialist who determined that surgery was unnecessary and prescribed that inmate needs to do rehab for range of motion and strengthening.



**Recommendation:** GRIEVANCE DENIED. Specialist prescribed rehab instead of surgery.

Gary L. Pempel

Print Grievance Officer's Name

Grievance Officer's Signature

(Attach a copy of Offender's Grievance, including counselor's response if applicable)

Chief Administrative Officer's Response

Date Received: 10-24-08

☒ I concur

☐ I do not concur

☐ Remand

Comments:

*[Signature]*  
Chief Administrative Officer's Signature

*[Signature]*  
Date

Offender's Appeal To The Director

I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.)

May. 25. 2010 1:54PM SMC

ILLINOIS DEPARTMENT OF CORRECTIONS  
Offender Health Status Transfer Summary

No. 2943 K.P. 24-08  
LT 8:10 PM

Transferring Facility:

Hill CC Center

Offender Information:

Shelby  
Last Name

Ernest  
First Name

MI

ID#: B6461

Date: 10.22.08

Time: 6:05/A ☐ a.m. ☒ p.m.

Transfer Screening (completed by transferring facility health care staff): ☐ HIV Test & Counseling Offered (only transfers to ATC, parole, release or discharge)

Allergies: N/A

Food Handler Approved:

Current / Acute Conditions / Problems: Left Shoulder physical trauma

Chronic Conditions / Problems:

Current Medications (name, dosage, frequency, and duration):

Acute Short-term:

Chronic Long-term:

Chronic Psychotropic:

Current Treatments:

Therapeutic Diets:

Follow-Up Care:

per med guidelines

Chronic Clinics:

Specialty Referrals:

PT College Rehab.

Significant Medical History:

BSW 01' Left ankle sprain

Physical Disabilities / Limitations:

Assistive Devices / Prosthetics:

Mental Health Issues:

☐ Hx Suicide Attempt: Date: / /

☒ Hx Psych Med

☐ Hx MPC / STC

Substance Abuse: ☒ Alcohol ☐ Drugs

S. F. Farnsworth  
Print Name and Title

S. F. Farnsworth  
Signature

10.22.08  
Date

Reception Screening (completed by receiving facility health care staff):

Facility: Date: / / Time: ☐ a.m. ☒ p.m.

Subjective: Assessment:

Current Complaint:

Current Medications/Treatment:

Objective:

Physical Appearance/Behavior:

Deformities: Acute/Chronic:

T: P: R: B/P: /

Plan: Disposition:

☐ Health Information Given

☐ Emergency Referral:

☐ Sick Call: Urgent / Routine

☐ Medication Evaluation

☐ Therapeutic Diet

☐ Special Housing

☐ Chronic Clinics

☐ Work / Program Limitation

☐ Specialty Referrals

☐ Other (specify):

☐ Infirmary Placement:

☐ HIV Test & Counseling Offered (only transfers from R&C).

☐ Other (specify):

Printed Name and Title

Signature

Date

For Adult Transition Center transfers only:

I understand that medical and dental care are my responsibility while I am housed in a transition center. I also understand that if I am in need of health care and I cannot afford to pay for it, I may be transferred back into a facility within the Department that can provide my medical, mental health, or dental needs.

Offender's Signature

Date

Time

☐ a.m. ☐ p.m.

Distribution: Offender's Medical Record; Transferring Facility  
Receiving Facility

DOC 0090 (Rev. 1/2005)



765 North Kellogg Street  
Galesburg, IL 61401  
Phone: (309) 343-3434  
Fax: (309) 343-3456

## PHYSICAL THERAPY INITIAL EVALUATION

Name: Ernest Shields Physician: Dr. Wilson  
Diagnosis: tear of L Pectoralis Onset Date: 7/16/08  
D.O.B.: 2/19/1973 Medications: Pain med, TB  
Physician Orders: PT eval and Treat x 3 visits

### SUBJECTIVE INFORMATION:

History: Medical: No other PMH noted.

Previous Functional Level: and functional level pre-injury

Mechanism / History of Injury: The pt reports that he tore his L pectoralis muscle while attempting to bench 365#. He feels that therapy is not going to help and he needs surgery  
Vocational Considerations:

Current Complaints: pain to chest, numbness @ side of chest to entire arm from overhead, weakness @ A/D's, pain at night  
Functional Limitations: overhead, weakness @ A/D's, pain at night  
Pain Level (0-10 Scale): 10/10 Worst Location: L pec

Previous Treatments: N/A per pt report  
Test Results: Prior MRI + x-ray confirmed diagnosis  
Patient Goals: The pt wants surgery to fix the pec muscle and respectfully does not feel that PT will benefit him significantly  
OBJECTIVE INFORMATION:

Appearance: Obvious atrophy of L pec m near the shoulder/insertion  
Palpation: Elicits tenderness L pec m mid belly & significant tightness  
AROM: RA Flexion @ 132° @ 164° RA ABD @ 150° @ 164°  
PROM: RA Flexion @ ~100° guarding RA ABD @ 100° guarding RA IR @ 70° RA ER @ 80°  
Strength: RA Flexion @ 4/5 RA ABD @ 4/5 RA ER @ 4/5 RA IR @ 4/5 RA Pec @ 3/5  
@ 5/5 @ 5/5 @ 5/5 @ 5/5 @ 5/5

Gait: WFL

Posture: Abducted, laterally rotated scapula @; forward @ @ shoulder

Sensation: Not formally assessed

Special Tests:

N/A



Cottage

Physical Therapy &amp; Occupational Therapy

765 North Kellogg Street

Galesburg, IL 61401

Phone: (309) 343-3434

Fax: (309) 343-3436

## PHYSICAL THERAPY INITIAL EVALUATION (CONTINUED)

Name: Ernest Shields

## ASSESSMENT:

35 y.o. M is diagnosed with (L) Pectoralis tear demonstrating an obvious deformity in the (L) pec muscle, pain/abridged tenderness as noted, limited ROM, 1/2 strength and 1/2 functional activity tolerance. The pt. would benefit from control PT x 2 more visits per wk order to address the above noted deficits and below stated goals.

## TREATMENT PLAN:

Goals:

STG: 1-2 visits1. (L) HEP is appropriate.2. 1/2 pain at worst to ≤ 5/10 at worstLTG: 3 visits1. Demo 6-8 shoulder ROM2. Demo 2 1/2 strength (L) pec and 2 1/2 SH flexion.3. Demonstrate functional movement of the (L)4. ≤ 3/10 (L) chest/pec pain to at rest

Rehab Potential:

☐ Excellent☐ Good☒ Fair (for above goals)☐ PoorTreatment Orders: Therex, MT, Modalities PRN

Today's Treatment:

MT including ROM 82 Flex, ABD, ED and IR to tolerance  
TE HEP timed per 10/9/08 Hb to pt performance.

Procedure/Mins: TEX 17Total Treatment Mins: 17Treatment Frequency: 1x (every 2 weeks)Expected Duration: 3 visits (6 weeks)Certification Period (Medicare): N/ADischarge Plan: When PT goals are metTherapist's Signature: Ann Landre MS, PTDate: 10/9/08

- Medicare recipients require signature of physician. Non-Medicare recipients require print of physician's name.

Physician:

Date: